

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026627

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 116Primary Registration District No. 4187Registrar's No. 166

FILED JUL 23 1962

## 1. PLACE OF DEATH

a. COUNTY

FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

UNION

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

FRANKLIN

admission)

c. CITY  
OR  
TOWN

UNION

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

7 CHRISTINA AVE.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

7 CHRISTINA AVE.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

TERRENCE

Middle

B.

Last

LAUSE

4. DATE  
OF  
DEATH

Month

JULY

Day

17

Year

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

JAN. 12, 1943

## 9. AGE (last birthday)

19

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

KAY MFG. CO.

## 11. BIRTHPLACE (City and state or country)

WASHINGTON, MO.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

BERNARD LAUSE

## 13b. MOTHER'S MAIDEN NAME

EVELYN PLASSMEYER

## 14. NAME OF HUSBAND OR WIFE

NONE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

NO

## 16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

## 17. INFORMANT

BERNARD LAUSE

## Address

7 CHRISTINA AVE.

## 18. CAUSE OF DEATH (Enter only one cause per line f

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Terata Carcinoma of Rt Testis

## UNION, MO.

## INTERVAL BETWEEN ONSET AND DEATH

14 Months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

8-3-1961

to 7-17-62

and last saw him alive on 7-11-1962

## Death occurred at

7:40 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

B.H. Stuhlman

M.D.

## 22b. ADDRESS

Union

Mo

## 22c. DATE SIGNED

7-17-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

JULY 19, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

IMMACULATE CONCEPTION CEM.

## 23d. LOCATION (City, town, or county)

UNION

## (State)

MO.

## 24. FUNERAL DIRECTOR

## ADDRESS

OLTMANN FUNERAL HOME

UNION, MO.

## 25. DATE RECD. BY LOCAL REG.

7/19/62

## 26. REGISTRAR'S SIGNATURE

Lula C. Stuhlman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300  
Rev. 4/59

10364

20364

3

4 0

5 0

6

7 0

8 0

9 178X

10

11

12 90-0

13 5-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Altmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.